

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1050

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 485

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kennett City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3400 East 24th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kennett City
(If outside city or town limits, write "RURAL.")

(d) Street No. 3400 East 24th St
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME George S. Donoho

3. (b) If veteran, name war None

3. (c) Social Security Number None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 20, year 1943, hour 10, minute 00 A.M.

21. I hereby certify that I attended the deceased from 1-17-43 to 1-28-43
that I last saw him alive on 1-28-43 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Aug 11 1852
(Month) (Day) (Year)

Immediate cause of death Thrombosis myocardium, arteriosclerosis

Due to Smoking

Due to 925

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

90 5 18 hr. min.

9. Birthplace Del. (City, town, or county) (State or foreign country)

10. Usual occupation Bakery

11. Industry or business Retired

12. Name Raymond Donoho

13. Birthplace Del. (City, town, or county) (State or foreign country)

14. Maiden name Fannimore

15. Birthplace Del. (City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy 0

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ramona Stark

(b) Address 4300 E 24th

17. (a) Burial (b) Date thereof 1/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverburg Mo

18. (a) Signature of funeral director Snow Mayberry

(b) Address 2315 Linwood

19. (a) Jan 31 1943 (b) M M Crow
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J B McClellan (M. D. or other) 0

Address 1-30-43 Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

485

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed..... *Ray E. Snow*
Licensed Embalmer No. *2560*
P. O. Address. *K. E. Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.